


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000006905</b>	
<b>1. Entity Name</b>	
PALM BEACH COUNTY MOTORCYCLISTS TOYS FOR TOTS, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
1547 NORTH FLORIDA MANGO RD WEST PALM BEACH FL 33401	1547 NORTH FLORIDA MANGO RD WEST PALM BEACH FL 33401

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b>		<b>Applied For</b>
65-0953826		Not Applicable
<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>
<input type="checkbox"/>		

<b>6. Name and Address of Current Registered Agent</b>
SESSIONS, JERRY L II 319 8TH STREET WEST PALM BEACH FL 33401

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	BARDASH, KEITH	<b>NAME</b>	
<b>STREET ADDRESS</b>	564 ARLINGTON DR	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	WEST PALM BEACH FL 33415	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DELANEY, TIM	<b>NAME</b>	
<b>STREET ADDRESS</b>	11662 FISCUS ST	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	PALM BEACH GARDENS FL 33410	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	WATSON, JERRY	<b>NAME</b>	
<b>STREET ADDRESS</b>	1022 ANDREWS RD	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	WEST PALM BEACH FL 33405	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>TD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	FORD, REX	<b>NAME</b>	
<b>STREET ADDRESS</b>	PO BOX 17398	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	WEST PALM BEACH FL 33416	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered**

**SIGNATURE:** Rex Ford, Treasurer **4/12/2005** **561-687-0365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #